



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
KAGEHIRO et al.)
Application Number: 10/715,367) Art Unit 2624
Filed: November 19, 2003)
For: SYSTEM AND METHOD FOR) Examiner Andrae S. Allison
TRACING BANK NOTES)
Attorney Docket No. HITA.0461)
Commissioner of Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450	

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	15	18	(Over 20)	x \$50	0
Independent Claims	3	3	(Over 3)	x \$210	0
MULTIPLE DEPENDENT CLAIM(S)			0	+ \$370	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0.00

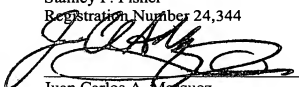
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- | | |
|--|---|
| [] Response to Office Action
(with Claim Amendments) | [] Petition for __-month Extension of Time |
| [x] Preliminary Amendment | [] Terminal Disclaimer |
| [] Substitute Specification | [] Letter to Draftsperson |
| [x] Other <u>Information Disclosure Statement</u> | [] __ sheet of replacement drawings |
| | [X] Request for Continued Examination |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$ 810.00** to cover the Request for Continued Examination fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344



Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
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